

Behested Payment Report

A Public Document

COUNTY OF SAN DIEGO

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name)

Ron Roberts

Agency Name

San Diego County Board of Supervisors

Agency Street Address

1600 Pacific Highway, Room 335, San Diego, CA 92101

Designated Contact Person (Name and title, if different)

Salvatore Giametta, Chief of Staff

Area Code/Phone Number

619 531-5894

E-mail (Optional)

salvatore.giametta@sdcounty.ca.gov

Date Stamp

2014 APR 18 AM 10 35

California Form 803

For Official Use Only

CLERK OF THE BOARD
OF SUPERVISORS☐ Amendment (See Part 5)Date of Original Filing: _____
(month, day, year)

2. Payor Information (For additional payors, include an attachment with the names and addresses.)

Solar Turbines

Name

2200 Pacific Highway

San Diego

CA

92101

Address

City

State

Zip Code

3. Payee Information (For additional payees, include an attachment with the names and addresses.)

San Diego County Parks Society

Name

P.O. Box 957

Bonita

CA

91908-0957

Address

City

State

Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 3-25-2014
(month, day, year)Amount of Payment: (In-Kind FMV) \$ \$10,000
(Round to whole dollars.)Payment Type: ☒ Monetary Donation or ☐ In-Kind Goods or Services (Provide description below.)

Brief Description of In-Kind Payment: _____

Purpose: (Check one and provide description below.) ☐ Legislative ☒ Governmental ☐ CharitableDescribe the legislative, governmental, charitable purpose, or event: Donation to San Diego County Parks Society
for Waterfront Park event.

5. Amendment Description or Comments

6. Verification

I certify, under penalty of perjury under the laws of the State of California, that to the best of my knowledge, the information contained herein is true and complete.

Executed on 4-15-2014
DATE

By



SIGNATURE OF ELECTED OFFICER OR CPUC MEMBER